FOR DMA USE ONLY		
Initials:	_	
Dates:	_	
Follow-up: □C-2	□C-3	



## North Carolina Division of Medical Assistance 2501 Mail Service Center Raleigh, NC 27699-2507

## National Provider Identifier (NPI) Form

Please complete a separate NPI form for each of your individual Medicaid Provider number (s). This form must be completed online and printed or typed. **Handwritten forms will not be accepted.** 

Please **DO NOT** use this form to report changes. You must use the Provider Change Form to report any changes. The change form is available on the DMA's website at <a href="http://www.dhhs.state.nc.us/dma/forms.html#prov">http://www.dhhs.state.nc.us/dma/forms.html#prov</a>.

Remember: You must also mail or fax a copy of your NPPES certification letter with this NPI form. Deadline for completion is March 15, 2007. Mailed or fax form to:

Attention: NPI Form DMA Provider Services 2501 Mail Service Center Raleigh, NC 27699-2507 Fax#: (919) 715-7140

Medicaid Provider	Number	National Provider Nu	nber	Taxonomy Number
000000				
		Physical Address		Billing/Accounting Address
Organization Name:				
Individual Name:				
Address 1:				
Address 2:				
City/State:				
Zip – PLUS 4:		100-000		1000-000
Printed Name of Authorized Representative/Title/Date Phone Number			Phone Number	
Signature of Authorized Representative DMA-4101(09/06)				